## Minutes of the State Board of Health May 11, 2005

The Washington State Board of Health (SBOH) met at the Alderbrook Resort in Union, Washington. <u>Tom Locke, WSBOH Chair</u>, called the public meeting to order at 9:10 a.m. and addressed the attendees with the following statement:

"This is a public meeting of the State Board of Health held under provisions of RCW 43.20. Notice of the meeting was provided in accordance with provisions of RCW 34.05, the Administrative Procedures Act. Those members having any conflict of interest on any item coming before the Board will report that conflict with respect to the particular subject under consideration. In case of challenge of any Board members by the public, the Board shall decide the status of the challenged members to participate before considering the substance of the matter.

Copies of all materials supplied to the Board for today's meeting have been available since close of business last Friday from the Board's Tumwater office and on the Board's Web site at <a href="https://www.sboh.wa.gov">www.sboh.wa.gov</a>. They are also available today, along with anything else we have received since, at the table in the back of the room. To conserve public funds, we have only made as many copies as we feel will be needed, so we may run out of some particularly popular items. If you do not find a document you need, please ask <a href="https://www.board.com/document-board-boar

Our meeting today is open to the public, so please feel free to listen in on informal discussions involving Board members or staff, including any that may occur during breaks or lunch."

#### **SBOH** members present:

Thomas H. Locke, MD, MPH, Chair Carl Osaki, RS, MSPH, Vice Chair Ed Gray, MD Keith Higman The Honorable David Crump, PhD The Honorable Mike Shelton Charles Chu, DPM Bill White (for Mary Selecky)

#### **SBOH** members absent:

Mel Tonasket Frankie Manning, MN, RN

## **State Board of Health Staff present:**

Craig McLaughlin, Executive Director Desiree Robinson, Executive Assistant Bobbi Berry, Assistant to the Board Lonnie Peterson, Public Information Officer Tara Wolff, Health Policy Analyst Ned Therien, Health Policy Analyst

#### **Guests and Other Participants:**

The Honorable Jayni Kamin, Mason County
The Honorable Lynda Ring Erickson,
Mason County
The Honorable Tim Sheldon, Mason County
Steve Kutz, Mason County Department of
Health Services

Penny Orth, Mason County Department of Health Services Cindy Waite, Mason County Department of Health Services Maryanne Guichard, Department of Health Mike Glass, Department of Health Janna Bardi, Department of Health Gayle Thronson, Office of Superintendent of Public Instruction

Ruth McDougall, Department of Health Bill Dewey, Taylor Shellfish Co./Pacific Coast Shellfish Growers Association

Wayne Locke, KWDB AM Radio Mike McAleer, Sequim Association of Realtors

Debbie Riley, Mason County Department of Health Services

Andy Cook, Building Industry Association of Washington

Jennifer Kunkel, Building Industry Association of Washington Chris Townley, Department of Health Susan Porto, Jefferson County Health Department

John Stormon, Department of Ecology JR Inman, Washington Onsite Sewage Association

John Thomas, Washington Onsite Sewage Association

Terri Jeffrey, Olympic Peninsula Realtors Ken VanBuskirk, Citizen David Allen, Citizen Jim Patterson, Five Star Environmental Solutions

Terry Hull, Puget Sound Action Team Constance Ibsen, WRIA 16 Jerry Deeter, Kitsap County Health District Kim Overstreet, Wyeth Vaccines Dave Lenning, Alternatives Northwest

## **APPROVAL OF AGENDA**

Motion: Approve May 11, 2005 agenda Motion/Second: Crump/Shelton Approved unanimously

## **ADOPTION OF APRIL 13, 2005 MEETING MINUTES**

Motion: Approve the April 13, 2005 minutes Motion/Second: Higman/Osaki Approved unanimously

#### WELCOME TO MASON COUNTY

The Honorable Jayni Kamin, Chair, Board of Mason County Commissioners, welcomed the Board to Mason County. She highlighted many of the county's scenic attractions and spoke about the county's 150<sup>th</sup> birthday celebration. Commissioner Kamin referred to the county's nine-point plan, which includes local access to health as one of its goals.

#### DISCUSSION OF LOCAL PUBLIC HEALTH ISSUES

The Honorable Lynda Ring Erickson, Chair, Mason County Board of Health, spoke about local health issues and echoed Commissioner Kamin's welcome. She described Mason County's demographics and some of the special health access challenges it faces being a rural community with many residents working outside of the county. She described her pride in the county's current public health system.

The Honorable Tim Sheldon, Senator and Mason County Commissioner, also welcomed Board members. He spoke of some county priority areas, such as the sewer and highway improvements in Belfair. He also mentioned three state parks and the large number of tourists visiting them. Senator Sheldon opposed the onsite septic bills that did not pass the Legislature. He, like others, does not want a loss of local control if the state takes over. There needs to be consideration of many issues, including economic issues and property rights.

Board members and the Commissioners then discussed a variety of issues including the county's main industries, the number of onsite systems, current growth patterns, tribal jurisdictions over sewage systems, and Hood Canal.

## MASON COUNTY ONSITE SEPTIC SYSTEM OPERATION & MAINTENANCE PROGRAM

Chair Locke welcomed the panelists and thanked them for coming.

Steve Kutz, Mason County Department of Health Services, quickly highlighted a number of projects including the Mason Matters Initiative, a cooperative program designed to improve access to health care. He referred Board members to a fact sheet describing the operation and maintenance (O&M) program at Mason County Department of Health Services.

<u>Cindy Waite, Mason County Department of Health Services,</u> explained that Mason County adopted the O&M program several years ago per state laws and rules. The county has modified its original plan because of a pilot project to create a database of 5500 parcels in lower Hood Canal. This database will grow and currently has 12,500 systems on it (out of approximately 18,000 systems). It includes reports from all pumpers in the county. The Mason County Department of Health Services focuses their attention on poorly maintained systems. All restaurants in the county must submit reports on its O&M in order to get annual permits. The county is developing educational materials for the public. It will take time to populate the database fully. After the rule revision, the county will review their policies and standards.

<u>Penny Orth, Mason County Department of Health Services,</u> described the educational outreach program used to inform property owners about how to maintain onsite systems. Homeowners send their own maintenance reports to the county.

Board members and the panel then discussed a variety of issues including reporting requirements, report submission and follow-up, waterfront houses on small plots, contacting and educating homeowners, maintenance reports for lending institutions, enforcement tools, and additional measures of O&M success.

<u>Chair Locke</u> thanked the panel and stressed the importance of protecting drinking water through onsite O&M programs.

#### SBOH ANNOUNCEMENTS AND OTHER BUSINESS

<u>Craig McLaughlin, WSBOH Executive Director,</u> updated Board members on staff developments and member absences. He officially welcomed Ned Therien to the State Board of Health staff. He noted that the Board had mailed a letter of appreciation signed by Chair Locke to Ms. Candi Wines, former Board staff.

Mr. McLaughlin discussed the Board's performance in the Public Health Improvement Partnership (PHIP) assessment. The *Zoonotic Diseases and Exotic Pets: A Public Health Policy Analysis* report was now published and available, he said. Mr. McLaughlin provided some background information on the newly filed CR-101 concerning deceased animal disposal. He also noted conferences and articles on immunization and lead.

He summarized how the work with Mr. Sam Magill was progressing and said he or Chair Locke will answer any questions the Board may have. <u>The Honorable David Crump, WSBOH Member,</u> requested a briefing on Mr. Magill's work. <u>Chair Locke</u> noted that progress is being made in improving relations between the Board and the Department of Health. He and Mr. McLaughlin were evaluating presentations made by Department of Health staff at the May Board meeting at their request.

## **DEPARTMENT OF HEALTH UPDATE**

Bill White, Deputy Secretary, Department of Health, noted that he was sitting in for Mary Selecky, Secretary of Health and WSBOH Member. He said May 15, 2005 is the first Smoke Free Sunday. The public is encouraged to visit smoke free restaurants on that day.

At the end of April, staff from DOH and <u>Chair Locke</u> participated in a cross borders conference on emergency public health response. The focus of the conference was pandemic flu. In April, DOH delivered a \$40,000 check from the Office of the Governor to Mason County staff. The money supports developing solutions to address onsite system issues. For the next 2 years, Ms. Karen White, senior management official from the Centers for Disease Control and Prevention, will be stationed at DOH.

<u>Deputy Secretary White</u> touched on the PHIP standards and said the assessment has demonstrated DOH's desire to act cohesively. He also said DOH has improved its emergency preparedness and competency levels.

He highlighted some results of the legislative session: mandatory hospital inspections, frequency of hospital reporting, grant administration, and patient safety in hospital reporting. DOH is required to participate in or lead 28 studies including a study that will explore stable funding for public health.

The Board took a short break at 10:57 a.m. and reconvened at 11:15 a.m.

#### BOARD MEMBER COMMENTS AND CONCERNS

Keith Higman, WSBOH Member, asked about the Zoonotic Diseases and Exotic Pets report and whether the rest of the members had intended some follow-up regarding the apparent lack of rules controlling public health hazards related to exotic pets. Chair Locke said that members had initially thought educating the public was most appropriate at the state level and that the problem really needs addressing at the federal level. Mr. McLaughlin said the report determined that there is adequate authority to respond to an outbreak, but the Board may want to consider additional rules, such as point-of-sale education requirements, in the future. The Honorable Mike Shelton, WSBOH Member, mentioned that the public is ever expanding what they consider appropriate pets and guidance for local health jurisdictions from state agencies would be helpful. Mr. McLaughlin mentioned that there was a bill in the 2005 Legislature dealing with the injury potential from dangerous exotic animals.

#### **FINAL LEGISLATIVE REPORT**

Mr. McLaughlin noted that the Legislature adjourned April 26, 2005. The Governor has until May 17 to sign bills or they become law without her signature. Mr. McLaughlin directed the Board's attention to the memo behind Tab 9. Mr. McLaughlin and <u>Chair Locke</u> corrected the bill number of ESSB 5188 to ESSB 5186, the physical activity bill.

<u>Carl Osaki, WSBOH Member,</u> pointed out that the Board's Environmental Health Committee should now become involved in the rule revision process (started by the filing of a CR-101) regarding dead animal disposal and SSB 5602. He said he would sponsor the review of the rule regarding dead animal disposal (Chapter 246-203-120 WAC).

Mr. McLaughlin gave an overview of public health funding in the state budget for local water quality protection programs. Members Osaki and Shelton asked if there were DOH criteria or a process for issuing the \$1.3 million to local agencies for onsite management plans. Deputy Secretary White said there are no details beyond the limitation to the 12 Puget Sound counties, with a potential to expand to all 14 marine counties. Mr. McLaughlin said the Board would have input as to how to distribute the money through the final language in the onsite rule. Member Shelton asked whether DOH must approve local plans for water protection. Mr. McLaughlin replied that the budget act does not set such requirements nor does the proposed rule. Deputy Secretary White commented that variability would be up to local health jurisdictions.

## **POSSIBLE ADOPTION OF BYLAWS**

Mr. McLaughlin directed the Board to the materials behind Tab 10. Melissa Burke-Cain, Board Counsel, provided some explanation about the provision that members of the public may call the Board's attention to loss of a quorum (Article V, Quorum, Item 3). Member Crump said he considered that acceptable and asked for clarification of the connection between provisions of Article V, Quorum, Items 2 and 3. Chair Locke commented that the Board would not risk taking action needing a quorum because of the potential for legal challenge.

Mr. McLaughlin and Ms. Burke-Cain clarified that Board discussion could continue without a quorum, as long as they took no action. Board members gave their support of the bylaws and noted the importance of having them.

Member Crump asked a series of clarifying questions including publishing an advanced annual meeting schedule, the order of the agenda, roll call voting requests, and the process to "call for the question." Mr. McLaughlin said the bylaws allow the Board to maintain its traditional informality unless the Board members disagree about procedure. Then they would reference Robert's Rules of Order.

<u>Ed Gray, WSBOH Member</u>, asked whether the Board could take a position on an initiative. Ms. Burke-Cain and Mr. McLaughlin said the Board could not take a position on an initiative or other public election issue.

Motion: The Board adopts the bylaws as submitted on May 11, 2005 Motion/Second: Osaki/Crump

Approved unanimously

The Board recessed for lunch at 12:13 p.m. and reconvened at 1:37 p.m.

# <u>CHAPTER 246-272A WAC, ONSITE SEWAGE SYSTEM RULE REVISION, CONTINUANCE OF CR-102 HEARING</u>

<u>Chair Locke</u> and <u>Member Osaki</u> explained that this session was a continuance of a hearing, started at the March Board meeting, regarding a proposal to revise Chapter 246-272A WAC.

Member Osaki said because of the large amount of testimony received at the March hearing, the Board had asked DOH staff to come back with recommendations in response to the testimony. He said the goal of this session was for the Board members to provide guidance to DOH regarding modifications to the original proposal from March. He explained that the intention was for DOH to revise the proposed rule and to file another CR-102. The Board intends to have a new public hearing about the rule revision at the July 2005 Board meeting. He said the Board would not be accepting additional public testimony for the hearing continuance today.

Member Osaki and Mr. McLaughlin directed Board members to the materials behind Tab 11. Mr. McLaughlin introduced Maryanne Guichard, Director of the Office of Environmental Health and Safety, Department of Health, who presented a slide show on the following topics: local government onsite management planning, minimum lot size, drainfield size, and record transfers. (See slideshow for more information.)

Board members asked about nitrogen treatment. Ms. Guichard and Mr. McLaughlin said that evaluations of nitrogen treatment would require engineering design costing \$1000–10,000. <a href="Member Osaki">Member Osaki</a> noted that treatment technology could be even more expensive than that for the design.

<u>Chair Locke</u> commented that he wanted to make sure the rule gave adequate authority to the local health officer to adjust requirements according to specific circumstances. He said he was comfortable not going with a statewide standard, if the rule provided local authority to require larger lot sizes when needed to protect water quality. Board members asked about equitable requirements for new lots and existing lots. <u>Chair Locke</u> stated that the Board would like the rule to revert to the current minimum lot size but to give local health officers the authority to require larger lot size when there are local situations of concern regarding nitrogen.

Ms. Guichard said DOH plans to revise the proposal promptly, file a new CR-102, get information out to stakeholders, and come back for another public hearing in July. She also explained that DOH plans to develop a guidance document, help local health jurisdictions develop management plans and documents for implementing a new rule, and help develop educational materials for homeowners. DOH will also be working with other agencies to develop proposals for funding opportunities to help homeowners repair their onsite systems.

Board members asked a series of clarifying questions about local health officer authority, planning funds, and management plans. <u>Deputy Secretary White</u> commented that funds from the Legislature would not be available until the beginning of the next fiscal year (July 2005), but that DOH staff would begin working on guidance documents immediately. <u>Member Osaki</u> commented that DOH should use partnerships to develop guidelines that help implement the rule.

<u>Chair Locke</u> commented that the rule change would trigger many improvements in onsite systems and public health protection through local action. <u>Chair Locke</u> thanked DOH for keeping the rule process moving toward conclusion. He said he did not support going back to the advisory committee, even though he has heard suggestions to start over. He thinks the rest of the process will allow adequate opportunity for public comment. <u>Member Osaki</u> asked if Ms. Guichard felt comfortable with today's direction from the Board for developing a revised proposal. She said she felt comfortable.

Member Crump asked for clarification about allocation of planning funds to the 12 counties. Ms. Guichard replied that the money should get to local agencies by the end of the summer, but that DOH still had to determine the criteria for allocating the funds. She said DOH would begin developing those criteria immediately.

<u>Chair Locke</u> asked Mr. McLaughlin what the proper procedure was to file a revised rule proposal. <u>Michelle Davis, Rules Coordinator, Department of Health,</u> recommended that the Board file a CR-102 to initiate a new rule proposal. Mr. McLaughlin commented that the filing of a supplemental CR-102 would officially close the pre-existing CR-102 and hearing.

Motion: File a supplemental CR-102 for Chapter 246-272A WAC, regarding onsite wastewater, for a public hearing in July 2005
Motion/Second: Osaki/Higman
Approved unanimously

## <u>UPDATE ON NEWBORN SCREENING RULE, CHAPTER 246-650 WAC—CYSTIC</u> FIBROSIS RULE REVISION AND AMERICAN COLLEGE OF GENETICS REPORT

<u>Chair Locke</u> explained that <u>Dr. Maxine Hayes</u>, <u>State Health Officer</u>, would not be joining the discussion today. He said a cystic fibrosis technical advisory group would report to the Board today on their findings. The Board will also hear about the American College of Medical Genetics (ACMG) report recommendations. He turned the introductions over to <u>Tara Wolff</u>, <u>WSBOH Staff</u>, who oriented the Board to the materials behind Tab 12.

Mike Glass, Director of the Newborn Screening Program, Department of Health, said that when the last newborn screening advisory group met, they recommended revisiting newborn hearing screening and cystic fibrosis (CF). The technical advisory group, using new evidence, considered CF screening and data on CF. The CDC found significant evidence to support CF screening if there was a system in place to care for children who are detected with it. The technical advisory group concluded that CF was a solid candidate for further consideration, so a broader advisory committee will convene in July to further review CF against five criteria. There will be a report back to the Board with their recommendations.

The ACMG report lists 29 screenable disorders for newborns—mostly using tandem mass spectrometry. The federal government would like all states to screen for a standard list of disorders. Some states have followed the federal recommendations and some have not. There are 16 conditions in the ACMG report that Washington does not screen newborns for. Mr. Glass described the methodology used to create the ACMG report recommendations and some of its limitations. He agreed to come back to the Board with his preliminary analysis of the recommendations outlined in the ACMG report. His preliminary analysis indicates there are some disorders that should be included in the mandated newborn screening list and some that should not. It is a work in progress but very important work.

<u>Charles Chu, WSBOH Member</u>, asked about how early detection and prevention helped the length of life of those affected by CF. Mr. Glass said there is some impact and it is likely kids will live longer and are bigger, healthier, etc. because of early detection and nutritional interventions. Costs are not particularly high for CF screening but other ancillary costs can be expensive. Offered are CF tests to all patients going through prenatal care. Member Crump asked

about the CF advisory committee and wondered if it included parental input and a way to look at the impact on rural/native populations, especially medical costs. Mr. Glass said it included parents and would provide them the opportunity to give input. The committee currently does not have Native American representation. Member Crump asked about the percentage of false positives on the 16 additional conditions and wondered what the cost would be to include them in mandatory newborn screening. Mr. Glass said he would not have an answer until July but supposedly, the equipment is so precise that false positives do not happen very often. The lab costs would be minimal; though the costs for diagnosis and follow up may get expensive. There are also social costs to families—especially to families with children who have these conditions.

<u>Chair Locke</u> noted that the technical advisory committee has been trying to get the Board up-to-speed on this complex issue. Newborn screening and the list of tests to mandate is one of the more complex public health dilemmas he has seen. There must be balance in the ability to detect and treat a condition. He thanked Mr. Glass for his presentation.

## <u>UPDATE ON REQUIRING VARICELLA IMMUNIZATION FOR SCHOOL ENTRY,</u> WAC 246-100-166

<u>Chair Locke</u> said one of the priorities of the Board is to decide which vaccines should be required for children upon school entry. Washington is behind the pack nationally as far as requiring the varicella vaccine. There are complex policy issues around immunization (for example, exemption and factors affecting rates of immunization). He turned the presentation over to Ms. Wolff, who introduced <u>Janna Bardi</u>, <u>Immunization Program Manager</u>, <u>Department of Health</u>, and called the Board's attention to the materials behind Tab 13.

Ms. Bardi said the universal distribution system has provided varicella since 1996 and that varicella is not currently a requirement for school entry. There is currently a 66 percent coverage rate in Washington State and the goal is to have a 90 percent coverage rate.

State funds come from the Legislature and federal funds come from a CDC grant. Both funding sources require a request for funds. The recommended rule will follow the Vaccine Advisory Committee (VAC) recommendations and include children aged 19 months to 12 years. Full implementation may depend on receiving all funds. If unfunded, the program will propose a phased-in implementation plan.

The Office of Superintendent of Public Instruction (OSPI) has asked DOH to consider using an implementation plan that fits in with the schools' administrative processes. There are also issues about implementing by grade rather than age. DOH is working with child care centers on how to educate providers and parents. DOH may offer a number of new vaccines approved by the federal government. A task force will identify public health issues/benefits and use these to make decisions about which vaccines to make available.

<u>Member Osaki</u> suggested using statistics from Oregon State's immunization program to find out if there was a decrease in varicella cases once it became a school entry requirement. Ms. Bardi said she did not have those statistics but would check on them and get that information to the Board. <u>Chair Locke</u> said because varicella is not a reportable disease, there may not be statistical information available, though statistics regarding complications from the disease should be available.

Member Gray said his local health jurisdiction looked at implementing the varicella vaccine and found that cost, transportation, storage, and shelf life were problems especially in rural areas. He asked if these issues were still problems and how DOH's new distribution system would address these issues. Member Gray said one way to counter the problem would be to send the vaccine from the CDC directly to the local health jurisdictions rather than distribute them across the state. Ms. Bardi said she agreed that storage and handling requirements are a problem and asked Ruth McDougall, Public Health Nurse, Department of Health, if there have been changes. Ms. McDougall said there have not been changes in this area. Ms. Bardi is hoping the CDC will ship directly to local health jurisdictions. Ms. Bardi will be working on this issue.

<u>Member Crump</u> asked about the phase-in process and wondered if combining the state and federal funding requests would be an option. Ms. Bardi said the intent is for full implementation and DOH has no reason to believe it will not receive full funding. She noted that as of 1996, the varicella vaccine has been universally available in Washington State. Any child that requests it will receive it; however, on a biennial basis, DOH has to project its funding needs and she wants to make it clear that they are dependent on a few funding sources before they can fully implement. <u>Member Crump</u> also noted that four states do not have vaccine requirements and pointed out that "most states" means 46 out of 50 states have varicella vaccine requirements.

<u>Chair Locke</u> added that Washington has been wrestling with this issue for some time. Given the low rates of vaccination in our state, unvaccinated children are more likely to encounter wild chickenpox and are more susceptible as adults to contract varicella. It will be a challenge to find unvaccinated children and he noted that the issue gets worse with each passing year.

The universal distribution system is the least expensive way to buy vaccines in Washington but it is an unfunded system and not mandated by law. He also indicated that there might not be enough funding to keep universal distribution going but that many children could get vaccine coverage through insurance. He said the issues (funding and vaccines required) need to be separate in order to make the best public health decisions. He noted that varicella is as a serious disease, especially in adults. He also wants to explore ways to make vaccine requirements less burdensome for schools and wants to make this a goal. To be the healthiest state in the nation, Washington needs to have the highest vaccination rates, which should be a goal we all share.

#### DISCUSSION OF STRATEGIC PLANNING FOR 2005-07 BIENNIUM

<u>Chair Locke</u> introduced Mr. McLaughlin who called the Board's attention to the memo behind Tab 14. He noted that the Board is going into the 2005-07 Biennium with a blank slate and that the Legislature requires a strategic plan. A 2006 Washington State Health Report needs to be developed. All of these issues tie together in terms of planning for the next biennium and he acknowledges that it is a large piece of work for Board staff.

Mr. McLaughlin discussed the assumptions described in the memo and invited questions from the Board. Member Crump wondered who would write the strategic plan. Mr. McLaughlin said Board staff will work on the framework for the plan and the Board will write it.

Mr. McLaughlin noted the memo describes a high-level structure and basic assumptions that will guide the Board's work in July and help members prepare for September. Member Osaki commented that the work sessions Mr. McLaughlin mentioned have not been typically done at Board meetings.

<u>Member Crump</u> said he thinks this is a large task but a great one. <u>Chair Locke</u> said another source of recommendations is the growing community partnership movement that is working on health improvement, quality, and access to health care.

<u>Chair Locke</u> noted that the Board met exactly 10 years ago at the Alderbrook Resort to discuss strategic planning. The work done at that meeting did not go well because the Board was trying to focus on too many priorities. Now, the Board focus is on a much shorter list of priorities, which he feels is the right direction to move and should be the highest priority of awareness.

#### **PUBLIC TESTIMONY**

Chair Locke opened the meeting to public testimony.

<u>Bill Dewey</u>, Taylor Shellfish Co./Pacific Coast Shellfish Growers Association, thanked the Board for their continued deliberations of the onsite septic rule revision. Noticed Pacific and Grays Harbor counties were not on the list of counties to received funding, which was disappointing news. Feels a more appropriate approach would be to identify which counties have the most public health risk and would like the Board to consider those. Still has a concern about unknown systems and encourages the Board to pay attention to this issue.

<u>Gayle Thronson</u>, OSPI, Believes schools are natural partners in public health and it is important to schools' capacity to consider workload. Gradual implementation of the varicella vaccine for schools would be helpful because there is no added workload funding for the introduction of a new vaccine requirement.

Member Crump thanked Member Osaki for his history and connection along with his wisdom, which he will miss greatly. He has valued his time with him serving on the Board. He also thanked Chair Locke for his openness and approachability, kindness, and caring in his work. He has learned a lot from his intelligence and passion and dedication for his work. He respects and honors Member Osaki and Chair Locke and thanks them.

#### **ADJOURNMENT**

Chair Locke adjourned the meeting at 4:26 p.m.